

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34309

State File No.

FILED OCT 24 1952

BIRTH NO.		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u> Registrar's No. <u>466</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u> <u>Castor twp.</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rfd. 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ogle</u> b. (Middle) <u>O</u> c. (Last) <u>Garner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan. 23, 1907</u>		9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Powe, Mo.</u> <u>1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lewis Garner</u>		13b. MOTHER'S MAIDEN NAME <u>Della Garner</u>	
14. NAME OF HUSBAND OR WIFE <u>Effie Garner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>X X</u>		16. SOCIAL SECURITY NO. <u>X X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Effie Garner</u>		18. ADDRESS <u>Dexter, Mo. R. 2</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 27, 1952</u> to <u>Oct. 7th, 1952</u> , that I last saw the deceased alive on <u>Oct. 7th, 1952</u> , and that death occurred at <u>6:20a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. H. Hunsicker M.D.</u>		(Degree or title)		23b. ADDRESS <u>Poplar Bluff, Missouri</u>	
23c. DATE SIGNED <u>10-13-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-9-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser. Dexter, Mo.</u>	
25. ADDRESS <u>Watkins Funeral Ser. Dexter, Mo.</u>		26. DATE REC'D BY LOCAL REG. <u>10-14-52</u>		27. REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
OCT 22 1952
BUTLER CO. HEALTH CENTER
FILE No. 1052-511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Walter March Watson

Licensed Embalmer No. 4717

P. O. Address Deiter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.